IN THE JUSTICE COURT

_____ **PRECINCT, MARICOPA COUNTY, STATE OF ARIZONA**

REQUESTS FOR REASONABLE ACCOMMODATION FOR PERSONS WITH
DISABILITIES MUST BE MADE TO THE DIVISION ASSIGNED TO THE CASE BY
PARTIES AT LEAST 3 JUDICIAL DAYS IN ADVANCE OF A SCHEDULED COURT
PROCEEDING.

CASE NUMBER: _____

PLAINTIFF: _____	DEFENDANT: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
	Stat Agent/Corporate Officer to be served is: _____

SMALL CLAIMS COMPLAINT/SUMMONS/ANSWER

NO APPEALS IN SMALL CLAIMS CASES
**WARNING: YOU DO NOT HAVE THE RIGHT TO APPEAL THE DECISION OF THE HEARING OFFICER OR
THE JUSTICE OF THE PEACE IN A SMALL CLAIMS (DIVISION) COURT. IF YOU WISH TO PRESERVE
YOUR RIGHT TO APPEAL, YOU MAY HAVE YOUR CASE TRANSFERRED TO (CIVIL DIVISION 01) THE
JUSTICE COURT PURSUANT TO 22-504, SUBSECTION A, IF YOU REQUEST SUCH TRANSFER AT LEAST
TEN (10) DAYS PRIOR TO THE DAY OF THE SCHEDULED HEARING.**

NOTICE AND SUMMONS

TO THE ABOVE-NAMED DEFENDANT(S):
YOU ARE DIRECTED TO ANSWER WITHIN TWENTY (20) DAYS the claim of the plaintiff in the court cited above.
If you do not appear and defend, you run the risk of having an appropriate judgment entered against you. Filing fee must be
paid at the time the answer is filed.

DATE: _____ CLERK: _____ (SEAL)

PLAINTIFF'S CLAIM

$ _____ is the total amount owed me by the defendant because:

DATE: _____ PLAINTIFF: _____

DEFENDANT'S ANSWER (ANSWER FEE IS $ 9.00)

I do not owe the plaintiff because:

DATE: _____ DEFENDANT _____

NOTICE OF SERVICE

PLAINTIFF:
I certify that I will serve or mail (by registered or
certified mail) this complaint to the defendant.

By _____ Date _____

DEFENDANT:
I certify that I will serve or mail this answer to the
plaintiff at the stated address.

By _____ Date _____

2400-176 R8-95